

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10533,365

FILING DATE

4-29-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1-			
2			1-			
3				1✓		
4			1-			
5			1-			
6			1-			
7			1-			
8				1✓		
9				1✓		
10				1✓		
11			1-			
12				1✓		
13				1✓		
14				1✓		
15				1✓		
16			1-			
17				1✓		
18			1-			
19			1-			
20				1✓		
21				1✓		
22			1-			
23			1-			
24				1✓		
25			1-			
26			1-			
27			1-			
28				1✓		
29				1✓		
30				1✓		
31			1-			
32				1✓		
33			1-			
34				1✓		
35			1-			
36			1-			
37				1✓		
38			1-			
39			1-			
40				1✓		
41				1✓		
42				1✓		
43			1-			
44			1-			
45			1-			
46			1-			
47				1✓		
48				1✓		
49			1-			
50				1✓		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1-			
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.		↓	22	↓		↓
TOTAL DEP.		←	24	←		←
TOTAL CLAIMS			46			